



Collier County Public Schools

# Collier County Public Schools Athletic Emergency Information

(Please Print)

Current Grade Level \_\_\_\_\_ Sport(s) \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's Wk # \_\_\_\_\_ Father's Wk # \_\_\_\_\_

Mother's Cell \_\_\_\_\_ Father's Cell \_\_\_\_\_

Please list 2 emergency contacts (relatives or neighbors):

1. _____	2. _____
Name	Name
Phone	Phone

Family Doctor _____	Hospital Preference _____
Name	
Phone	

Medication taken regularly \_\_\_\_\_ Health Insurance Provider \_\_\_\_\_

Allergies \_\_\_\_\_ Is an EPI-PEN needed? Yes  No

Does Child have Asthma? Yes  No  Inhaler Type & Use \_\_\_\_\_

Does Child have Diabetes? Yes  No  Special instructions \_\_\_\_\_

Previous Concussions \_\_\_\_\_

Previous injuries, illnesses or other medical issuer: (Please be specific) \_\_\_\_\_

Previous Orthopedic Surgeries: \_\_\_\_\_

Collier County Public Schools are not responsible for any medical bills or ambulance services due to an athletic injury. If you don't have medical insurance, your child will not be allowed to participate until coverage is provided by the parents. School insurance / Athletic insurance is available for purchase. Forms are available at the athletic office. In the event of serious accident or illness, I request that a representative of the school system contact me. If I cannot be reached, I request that contact be made with the emergency contacts or Primary Care provider named and their instructions be followed in the treatment of my child. If the emergency is such that immediate medical care is necessary, I authorize the school system to transport my child to a hospital for emergency care. The hospital, their agents, or a licensed physician, may administer such emergency medical treatment, as they deem necessary under the circumstances.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_